



# KENTUCKY BOARD OF ALCOHOL AND DRUG COUNSELORS

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## ATTESTATION OF RECOVERY

TEMPORARY REGISTRATION AS PEER SUPPORT SPECIALIST ( )

REGISTRATION AS PEER SUPPORT SPECIALIST ( )

Pursuant to KRS 309.0831(7), I attest to being in recovery for a minimum of one (1) year from a substance-related disorder.

\_\_\_\_\_  
Signature (Must not be printed or typed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name